PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number 12/08/2004 Complete if Known ated Appropriations Act, 2005 (H.R. 4818). 10/624.981 Application Number FEE TRANSMIT Filing Date July 22, 2003 For FY 2005 First Named Inventor Thomas Zdeblick et al. **Examiner Name** Paul B. Prebilic Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3774 TOTAL AMOUNT OF PAYMENT (\$) 180.00 MSDI-168/PC566.02 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check ✓ Credit Card | Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault Lundy For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 0.00 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 200 Provisional 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Multiple Dependent Claims Fee Paid (\$) - 20 or HP = 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee Paid (\$) Fee (\$) -100 =/ 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

SUBMITTED BY	/ )	1	0 1		
Signature	No	estes (	i Collies	Registration No. (Attorney/Agent) 43,556	Telephone 317-636-4341
Name (Print/Type)	Douglas A. Col	lie			Date April 10, 2008

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement

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T. Vbb.		Examiner Name									
	oondence after initial filing)		Paul B.	Paul B. Prebilic							
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ENCLOSURES (Check all that apply)											
Fee Transmittal Fo		Prawing(s)			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences						
After Final Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Crks	Address	Retu	Appea (Appea Propri Status Other below	al Communication to TC al Notice, Brief, Reply Brief) etary Information : Letter Enclosure(s) (please Identify					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name											
Krieg DeVault LLP											
Signature Longes a Collies											
Printed name Douglas A. Collier											
Date April 1	0, 2008		Reg. No. 43,55			56					
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